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*On the Nature and Extent of the Benefits conferred by Hospitals on the Working Classes and the Poor.* By WILLIAM A. GUY, M.B., Cantab., *Physician to King's College Hospital, and one of the Honorary Secretaries of the Statistical Society.*

[Read before the Statistical Society, 17th December, 1855.]

THE benefits conferred upon society by hospitals are very generally understood and appreciated. They are known as places of resort for the poor in sickness, and as places for their reception in more severe accidents and diseases; as practical schools of medicine and surgery, where skill and experience are acquired, to be afterwards employed in the service both of rich and poor; as centres from which other charities often take their origin; and also as institutions within which religious services are performed with frequency and regularity, and religious counsel and consolation afforded at a time, and under circumstances, when they are most needed and most acceptable. It is also very generally understood that hospitals belong to the class of charities least open to abuse, inasmuch as the want against which they make provision is measured and tested not only by the assertions of the applicant, but also by the experience of those who dispense their benefits.

All institutions professing to relieve distresses which can be known only through the statements of those who make application to them, are subject to be abused to an extent which must always suggest grave doubts of the expediency of maintaining them. But, happily, no such misgivings exist in the case of hospitals, especially in the case of such hospitals as are both charities for the relief of the sick poor and places of instruction and experience for the younger members of the medical profession.

In this estimate of the services which hospitals render to society, it is probable that all who have any knowledge of the subject will be agreed; but there are one or two points upon which our information is at present so scanty and imperfect as to admit of very great difference of opinion, even among persons practically conversant with the management of hospitals. There are two questions especially to which I am not aware that any answer has yet been given; nor has any collection of facts been made with a view to furnish a reply. The first question refers to the class of persons who resort to hospitals; the second to the proportion which that class forms of the population to which they belong. Many persons, if they were asked to what class of the community the applicants for relief belong, would probably answer, without hesitation, to the poor and destitute. They have heard, perhaps, that persons in good circumstances are sometimes guilty of the great meanness of disguising themselves that they may pass muster with the poor; and that others who can well afford to pay for medical advice, present themselves without shame, hesitation, or disguise, as if their right to be received as patients admitted of no dispute. But they look upon these cases as rare exceptions to a general rule, and do not dream of a large and, probably increasing class of working men, in the receipt of good

wages, who are in the habit of applying to hospitals as a matter of course, even for trifling attacks of illness, to say nothing of those which sometimes follow immediately on expensive acts of self-indulgence. Of the proportion which working men so circumstanced bear to the poor properly so called, and of the ratio which the two classes collectively bear to the entire population, they have no correct idea; nor are they in possession of any facts bearing directly upon the solution of these very interesting questions. The facts contained in this communication will, it is hoped, go far to supply our present want of information upon both questions.

It is to be regretted that the records of our hospitals and dispensaries are not kept with sufficient accuracy, or on one uniform plan, so as to admit of a complete account being given of the number of persons availing themselves of charitable aid in these institutions, year by year, in the whole of London. It is also, perhaps, to be regretted, that a uniform system for the admission of patients has not yet been adopted, especially in the case of out-patients, who form the great majority of patients at all our hospitals. The difference known to exist in the mode of admitting and registering out-patients is fatal to any attempt to obtain a true return of the number of persons relieved. In some hospitals letters of recommendation are required, in others not; in some hospitals there is a daily attendance, in others attendance is given only once, twice, or three times a week; in some hospitals one letter serves for the whole attendance of each patient, in other hospitals the letters are renewed every month, once in two months, or once in three months, each letter bearing its own distinctive number. The rules for the admission of in-patients vary less in the different hospitals, but the difference is probably sufficient to impair the value of any general abstract which might be attempted.

The different usages prevailing in the several hospitals of London with respect to the attendance and registration of patients, to which I have thus drawn the attention of the Society, raising, as they do, an insuperable difficulty in the way of a satisfactory general return for the whole of the metropolis, impose upon us the necessity, if we would obtain any information at all upon this very interesting and important topic, of resorting to the records of some particular hospital.

Now it happens that King's College Hospital, with which I have the honour to be connected, has, from its first establishment to the present time, kept a faithful record of its patients, in a form and upon a principle which render it peculiarly applicable to such an inquiry as the present. Every in-patient and every out-patient is entered on the books of the hospital once only for each accident or illness, while each minor casualty requiring a single attendance or short treatment by the resident medical officers, is registered by the porter. In making use of these facts for the annual report, the patients are carefully abstracted in parishes and districts, and the casualties registered by the porter, not being entered with the residence and parish, are distributed among the parishes and districts in proportions which are believed to be fair approximations to the true numbers. The parishes of St. Clement and St. Giles, which, besides

being close to the hospital, supply large numbers of out-patients, were credited in 1854 each with 1,000 casualties, St. Andrew and St. Martin each with 500, St. Mary-le-Strand, St. Paul Covent Garden, and St. George Bloomsbury, St. Dunstan, and St. Anne Soho, with 100 each; the Liberty of the Rolls with 50; and St. Pancras and St. Bride each with 25. The numbers in the annual abstracts, therefore, represent the true number of patients relieved every year; or, if the return departs in any degree from the truth it is on the side of omission, and certainly not of exaggeration.\* It may also be proper to mention that during the fourteen years that the hospital has been in existence, the medical staff has hardly undergone any change, so that the registration of patients has been effected with the same care and on the same principle throughout.

Taking for granted, as I feel that I am justified in doing, the accuracy of the returns of patients treated at the hospital, it is still necessary that I should give such an account of the district in which the hospital is situate; of charities of the same kind existing in its neighbourhood; and of its arrangements for the seeing of patients; as may give their true value to the facts presently to be brought forward.

King's College Hospital, formerly the workhouse of the parish of St. Clement Danes, was fitted up for the reception of patients in the year 1839, and opened in the spring of the year 1840, the first patient having been entered on the books April 15th, 1840. The first year of the returns is, therefore, a broken year. When the hospital was first opened, and until the year 1850, a dispensary, known as the Metropolitan Free Hospital, stood within a few doors of it. This has since been removed to Devonshire Street, Bishopsgate. Another similar institution, the Public Dispensary, removed to Carey Street in the year 1850, was also within a short distance of it. The removal of the first-named institution accounts for a part of the great increase of patients which took place at King's College Hospital in the years 1850 and 1851; an increase so considerable as to have led in the two following years to some attempts on the part of the Committee of Management to limit the number of out-patients. The plan adopted consisted in requiring all out-patients to bring governors' or subscribers' letters of recommendation; but this was soon abandoned, on account of the great inconvenience which it entailed upon supporters of the charity living within a short distance of the hospital. The adoption, for a time, of this plan, accounts for some falling off in the number of patients in the years 1852 and 1853.

The hospital stands at the angle formed by Portugal Street and Carey Street, Lincoln's Inn. It is in the parish of St. Clement Danes, in the district between the two thoroughfares of Holborn and the Strand, and is surrounded by parishes and districts remarkable for the extreme poverty of a portion of their inhabitants and the density of their population. As these two conditions, poverty and density of population, have an obvious bearing upon the extent to which the charity is frequented by persons living in the neighbourhood, I subjoin two tables, the one showing the poverty, the other the density of the population, by comparison with other districts of the metropolis.

\* No record, for instance, is kept of persons applying to have teeth extracted.

The poverty of the districts and parishes by which King's College Hospital is surrounded will be best shown by taking, as its test and measure, the poor rate compared with the house rent. A table, contained in the Cholera Report of the Registrar-General for 1848-9, will supply the figures necessary to this comparison.

In the annexed table four of the districts and parishes from which King's College Hospital receives its largest supply of patients are compared with the four parishes and districts which are highest and lowest on this scale of poverty.

I.—*Table shewing the amount of Poor Rate in the Pound of House Rent, in the year 1842-3, in Districts and Parishes of London.*

West London.....	·067	Rotherhithe.....	·143	Hanover Square, } May Fair, and } Belgrave .....	·018
St. Giles.....	·052	Bethnal Green .....	·136	St. James, Westmin- } ster .....	·023
Strand .....	·047	Bermondsey.....	·134	Islington .....	·030
Holborn.....	·034	St. George, South- } wark .....	·089	Camberwell .....	·038
<hr/>					
Average of 38 Metropolitan Districts .....		·064			
,, 4 Central Districts .....		·050			

From this tabular comparison it would appear that the central districts bordering upon the site of King's College Hospital, though not among the poorest in the metropolis, are very poor in comparison with the more favoured districts at the west end of London.

The density of the population in these central districts of London will be best shown by placing the London districts in the order of the number of persons to a square mile, beginning with that district which has the greatest number.

II.—*Table shewing the Density of Population in the several Districts and Parishes of London.*

	Persons to a Square Mile.		Persons to a Square Mile.		Persons to a Square Mile.
East London .....	185,751	Shoreditch .....	108,242	Bermondsey .....	44,770
Strand* .....	163,531	St. Saviour, } Southwark.....	91,471	Chelsea .....	41,832
St. Luke .....	157,251	London City .....	82,480	St. George, Ha- } nover Square } .....	40,368
Holborn* .....	152,232	Bethnal Green .....	75,952	St. Pancras .....	29,342
St. James, West- } minster .....	142,072	St. Olave, South- } wark .....	73,373	Lambeth .....	22,209
St. Giles* .....	141,620	Marylebone.....	66,882	Islington .....	19,511
West London* .....	135,482	Newington .....	66,478	Rotherhithe .....	12,861
St. George-in-the- } East .....	127,410	Stepney .....	56,401	Greenwich .....	11,849
Whitechapel .....	125,728	St. Martin-in- } the-Fields .....	51,704	Poplar .....	10,344
St. George, South- } wark .....	117,615	Westminster .....	45,790	Hackney .....	9,518
Clerkenwell.....	109,100			Camberwell .....	8,058
				Hampstead .....	3,406

\* Unions and parishes in the neighbourhood of the hospital.

It results from this comparison that the districts and parishes

by which King's College Hospital is surrounded are very densely peopled; for it will be observed that the Strand Union comes second on the list, Holborn Union fourth, St. Giles sixth, and West London seventh. In other words, of the seven districts and parishes which stand first in point of density of population, four belong to the central districts of the metropolis, and are in the immediate neighbourhood of the hospital.

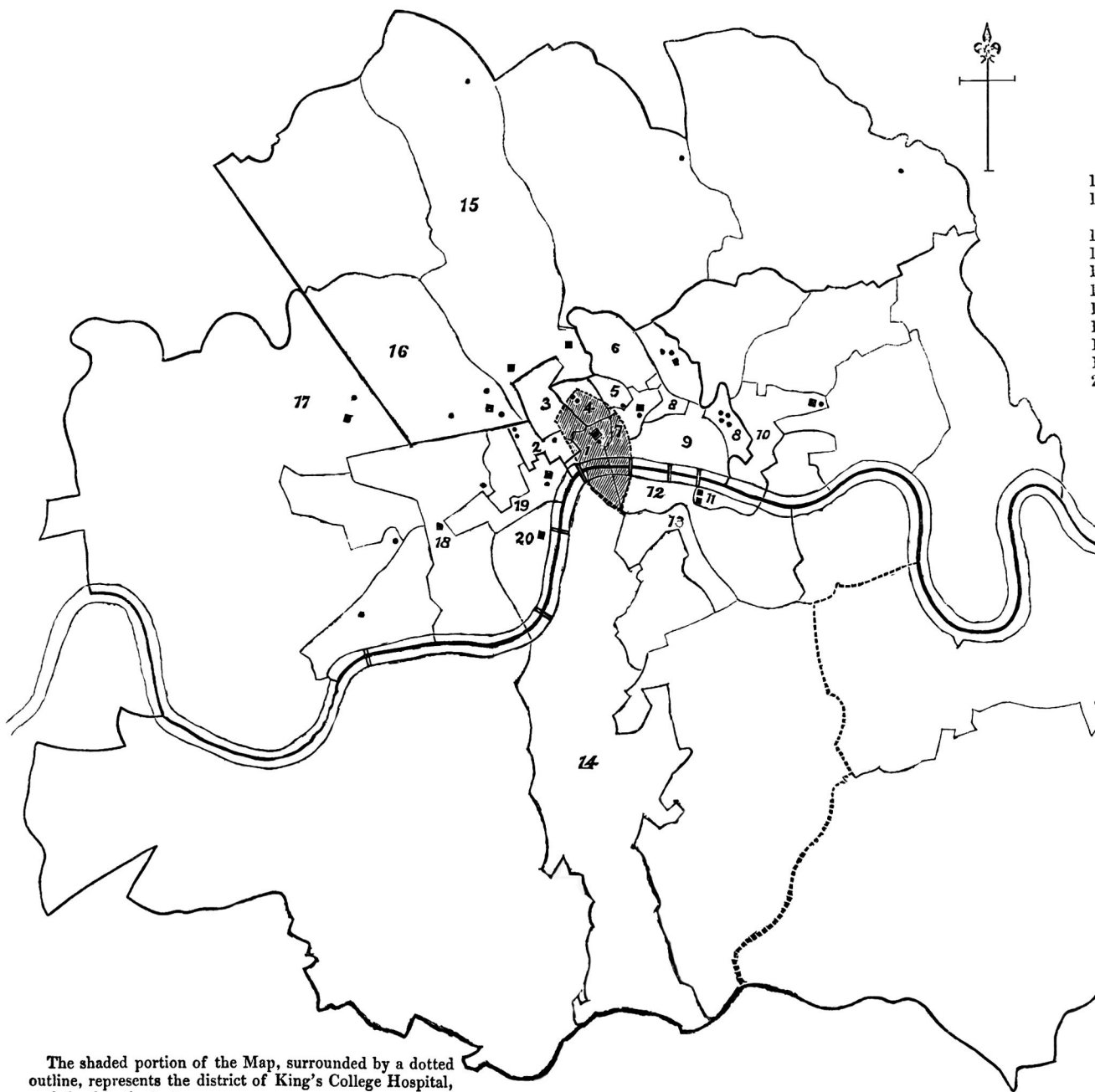
The parish of St. Luke, which stands third on the list, also belongs to the central districts, and sends a considerable number of patients to the hospital.

Two other circumstances which, in common with the poverty of the inhabitants and the density of the population, may be supposed to influence the attendance of patients at King's College Hospital, and which will have to be taken into account if we would make a general application of the facts ascertained in reference to this one hospital to other hospitals, and to the metropolis at large, are the proximity of other general hospitals, and the number of similar institutions in its more immediate neighbourhood.

Every general hospital may be said to have a district of its own from which it draws the greater part of its supply of patients. This district may be roughly traced out, as it is in the annexed plan, by fixing upon a number of points midway between the hospital itself and its several neighbours, and then joining these points by lines, preserving, as nearly as may be, an equal distance from each of the neighbouring hospitals. If, on a map constructed on this principle, the site of the several hospitals and dispensaries is indicated by characteristic marks, we shall be able to form a clear idea of the degree to which facts ascertained in respect of one hospital admit of general application.

It will be seen that the district from which the hospital draws its principal supply of patients is one of considerable extent and large population. It is bounded on the west by Wellington Street, Bow Street, and Endell Street; on the east by a line commencing at the north end of Bedford Row, and running diagonally between Fetter Lane and Farringdon Street to the foot of Blackfriars' Bridge; on the north by a line cutting the centre of Great Russell Street, and passing to the north of Bloomsbury Square and Theobald's Road; and on the south enclosing an undefined space, which may be roughly taken as equal to half of the triangle which has the Thames for its base and Waterloo and Blackfriars' Roads for its two sides.

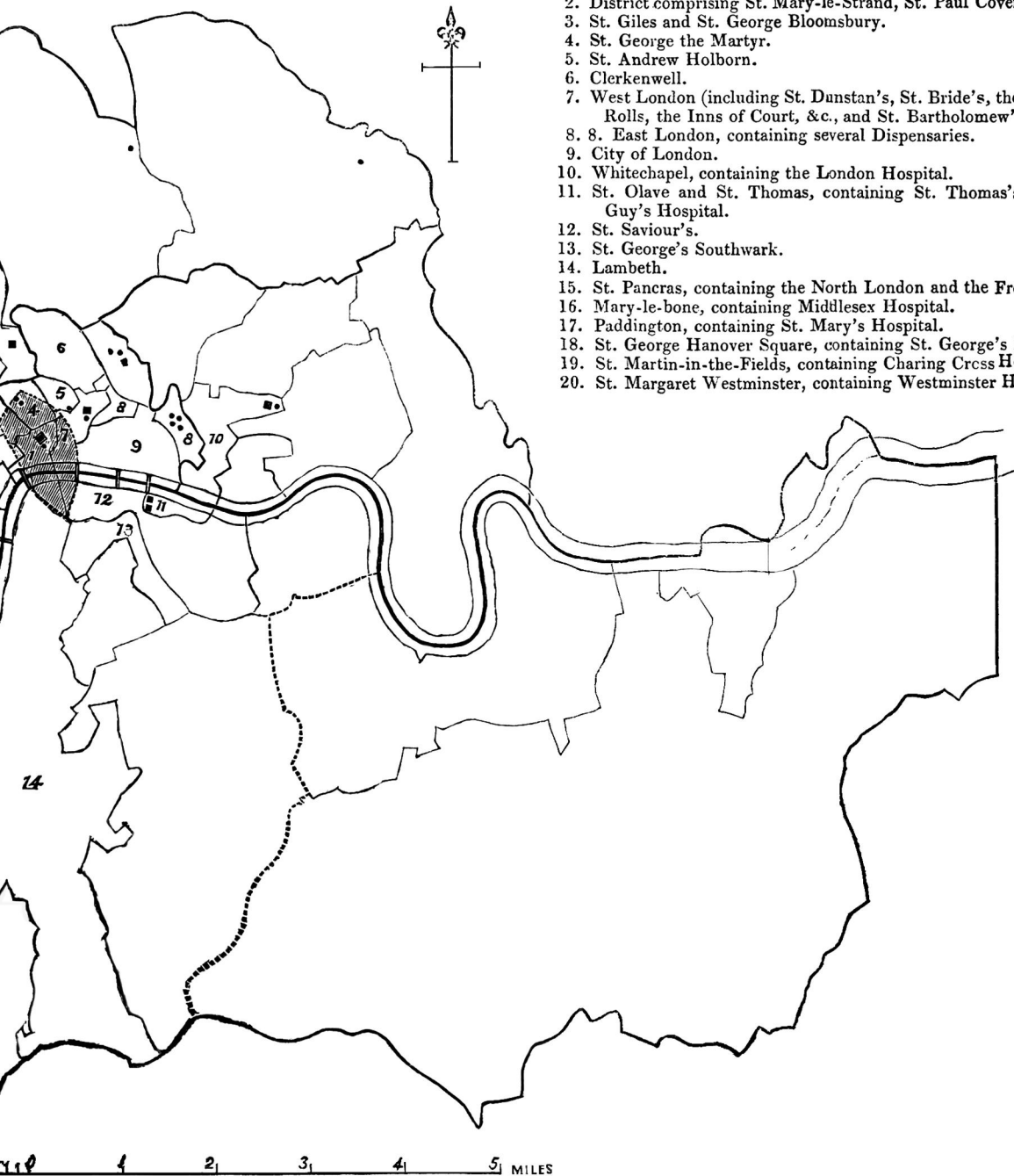
Within this boundary line are comprised about half the Strand Union, about half the Holborn Union, about half the West London Union, about a fourth part of the parishes of St. Giles and St. George's Bloomsbury, and a small portion of the extensive parish of Lambeth; or, (to specify the several parishes and districts more particularly,) the whole of the parishes of St. Clement Danes and St. Mary-le-Strand, of St. Dunstan and St. Bride, the precinct of White Friars, the Liberty of the Rolls, and the Inns of Court, and parts of the parishes of St. Giles, St. George Bloomsbury, St. George the Martyr, St. Andrew Holborn, and Lambeth. The population of these parishes and districts may be roughly estimated at from 80,000 to 100,000.



The shaded portion of the Map, surrounded by a dotted outline, represents the district of King's College Hospital, as defined in the text.

The squares mark the sites of general Hospitals, and the round dots of some of the leading special Hospitals and Dispensaries.

0 1 2 3 4 5 MILES



1. St. Clement Danes, containing King's College Hospital.
2. District comprising St. Mary-le-Strand, St. Paul Covent Garden, &c.
3. St. Giles and St. George Bloomsbury.
4. St. George the Martyr.
5. St. Andrew Holborn.
6. Clerkenwell.
7. West London (including St. Dunstan's, St. Bride's, the Liberty of the Rolls, the Inns of Court, &c., and St. Bartholomew's Hospital.
8. 8. East London, containing several Dispensaries.
9. City of London.
10. Whitechapel, containing the London Hospital.
11. St. Olave and St. Thomas, containing St. Thomas's Hospital and Guy's Hospital.
12. St. Saviour's.
13. St. George's Southwark.
14. Lambeth.
15. St. Pancras, containing the North London and the Free Hospitals.
16. Mary-le-bone, containing Middlesex Hospital.
17. Paddington, containing St. Mary's Hospital.
18. St. George Hanover Square, containing St. George's Hospital.
19. St. Martin-in-the-Fields, containing Charing Cross Hospital.
20. St. Margaret Westminster, containing Westminster Hospital.

0 1 2 3 4 5 MILES



In this district there is now but one general dispensary (the Public Dispensary in Carey Street, within a short distance of the hospital); but the Bloomsbury Dispensary is on, or near, the northern boundary line, the Farringdon Dispensary near the eastern boundary, and the Dispensary for children, in Waterloo Road, may also be said to lie within the district of the hospital.

To this account of the hospital and the district which may be said to pertain to it, it is only necessary to add, in order to give their due value to the facts about to be adduced, that though the governors and subscribers of the hospital have the usual privilege of recommending patients by letter, such privilege has, practically, no effect in checking the admission either of in or of out-patients. This will clearly appear from the following statement:—

Admitted with letters of recommendation from April,	} In-Patients	5,507
1840 to January 31st, 1854 .....		
"                    "                    " .....	Out-Patients*	2,050
	Total .....	<u>7,557</u>
Admitted without letters of recommendation during	} In-Patients	12,436
the same period .....		
"                    "                    " .....	Out-Patients	262,712
	Total.....	<u>275,148</u>
	Grand Total.....	282,705

It appears, then, that out of 17,943 in-patients admitted in less than 14 years, nearly 12,500 were received without letters of recommendation; while of 264,762 out-patients, (including casualties and poor married women attended at their own homes,) only about 2,000 brought with them letters of recommendation. The hospital is, therefore, a free hospital in the sense of offering, in practice, no impediment to the admission of in-patients or the attendance of out-patients. Add to this that casualties and accidents, slight or severe, are attended to at all hours; that in-patients are admitted twice a-week, and urgent cases or accidents at all times; and that out-patients are seen at one o'clock every day, and women and children at half-past twelve on three days of the week; and we have the case of an hospital placed under very favourable circumstances for testing the extent to which the labouring classes and the poor avail themselves of hospital accommodation, when the impediments to their attendance are reduced almost to a minimum.

The only other introductory explanation which I think it necessary to make is this: that no provision is made for visiting patients at their own homes. Though many such visits are paid, the hospital does not profess to supply this desideratum. This duty is generally understood to devolve upon dispensaries, and is performed by the dispensary in Carey Street, which has been already mentioned as being the single dispensary in the district of King's College Hospital.

\* Out-patients include casualties (3,600 in 1854,) and married women attended at their own homes; but it is believed that the casualties actually returned form a very small proportion of the whole body of patients entered as *out-patients*.

By adding, as I shall presently do, the patients seen by the officers of this institution to the patients of King's College Hospital, we shall obtain a very exact notion of the amount of the benefits conferred by hospitals and dispensaries upon the working classes and the poor.

Having now stated, at some length, all the circumstances connected with King's College Hospital, which are necessary to be known in order to give their true and full value to the facts presently to be stated, I proceed to consider, one by one, the following points:—

1. The rate of increase of patients at King's College Hospital, taken as a measure of the rate of increase in institutions similarly circumstanced.

2. The number of patients arranged in parishes and districts, with the proportion which that number bears to the population of those parishes and districts.

3. The class of persons who avail themselves of the benefits conferred by hospitals, and their circumstances at the time of application.

1. *Rate of Increase.*—The rate of increase, in the case of hospitals situate in poor and crowded districts, and giving a ready and free access to patients, may be inferred from the following statement of the number of patients relieved year by year at King's College Hospital from the incomplete year 1840 to the end of 1854, inclusive.

	In-Patients.	Out-Patients.	Total.
1840* .....	778	4,056	4,834
1841† .....	1,255	8,214	9,469
1842 .....	1,290	11,138	12,428
1843 .....	1,131	11,643	12,774
1844 .....	1,196	12,585	13,781
1845 .....	1,160	15,933	17,093
1846 .....	1,170	16,547	17,717
1847 .....	1,253	17,901	19,154
1848 .....	1,253	19,383	20,636
1849 .....	1,261	21,048	22,309
1850 .....	1,301	24,215	25,516
1851 .....	1,244	29,363	30,607
1852 .....	1,119	23,504	24,623
1853 .....	1,257	22,813	24,070
1854 .....	1,275	26,419	27,694

\* The first patient was registered on the books on the 15th April, 1840.

† The midwifery department, for attending poor married women at their own homes, was established September 1, 1841.

Owing to the causes of disturbance which have been already referred to, there is no approach to regularity in the rate of increase of these figures. Suffice it, therefore, to observe, that from the opening of the hospital in the broken year, 1840, up to 1851, the year of the Great Exhibition, there has been a progressive and considerable increase of patients; and that since the last-named period, owing partly to want of accommodation, and partly to efforts made, for a time, to check the great influx of patients, the numbers have suffered some slight diminution, but with a notable increase of upwards of 3,500 patients in the year 1854.

If the fifteen years comprised in the table are thrown into three groups of five years each, the numbers of patients will be as follows:—

53,286      ....      96,909      ....      132,510

2. *The Number of Patients arranged in Parishes and Districts.*—

As I have already stated, the patients of the hospital, whether in-patients or out-patients, from the first opening of the hospital until the present time, have been entered upon the books, with their residences and parishes, as far as they could be ascertained. It is from these entries, thus made, that I am able to obtain the very curious and striking results to which I am especially anxious to invite the attention of the Society. The entries in the books having been carefully abstracted year by year, I am able to state the number of accidents and attacks of illness from each parish or district, and comparing that number with the population, and making a correction, presently to be explained for double visits in the same year, to give, as I believe for the first time, some idea of the proportion of the population availing itself of the relief afforded by hospitals. I have arranged the parishes and districts in the table in the order of the benefits conferred, the amount of benefit being measured by the proportion of the population relieved. The table contains, under distinct headings, the name of the parish or district, the population in 1851, the number of patients in less than 14 years and in the last complete year, 1854, and the per-centage proportion which the number in that year bears to the population. It is necessary to explain that though the word patient is used in this table, what is really meant is separate and distinct accidents or attacks of illness.

Name of Parish or District.	Popula- tion, 1851.	Patients in less than 14 Years.				Total, Year 1854.	Per Centage Proportion to Population in 1851.	Per Centage Proportion of Whole Number attended in 1854.
		In- Patients.	Out- Patients.	Mid- wifery.	Total.			
St. Clement Danes } and Clement's Inn }	15,662	3,762	59,374	1,350	64,486	6,068	38·74	21·91
St. Mary-le-Strand } St. Dunstan's and the Temple } .....	2,517 3,173	533 264	9,222 5,668	240 121	9,995 6,053	1,051 676	41·75 21·30	3·80 2·44
St. Giles } Liberty of the Rolls } St. Andrew, Holborn } St. Paul, Covent Gar- den } .....	37,407 2,567 29,320 5,810	3,174 211 1,302 398	59,275 3,589 29,848 6,062	1,283 58 885 186	63,732 3,858 32,035 6,646	6,078 383 3,183 632	16·25 14·92 10·85 10·70	21·94 1·38 11·49 2·24
St. Martin-in-the-Fields } St. Bride and White- friars } .....	24,640 7,269	748 273	17,018 3,874	399 83	18,165 4,230	1,928 489	7·82 6·72	6·96 1·76
St. George, Blooms- bury, and St. George the Martyr } .....	25,570	725	14,306	258	15,289	1,454	5·68	5·25
St. Anne, Soho } City of London } Westminster } Southwark } Clerkenwell } Lambeth } St. Pancras } Marylebone } .....	17,335 55,932 102,015 106,930 64,778 139,325 166,956 187,696	324 525 764 155 332 452 714 480	6,525 5,111 5,592 3,232 4,461 5,542 6,745 2,411	167 77 46 20 107 47 165 17	7,016 5,713 6,402 3,407 4,900 6,041 7,624 2,908	770 571 515 432 467 882 746 238	4·44 1·02 0·50 0·40 0·72 0·63 0·44 0·15	2·73 2·06 1·86 1·56 1·70 3·18 2·70 0·86
Environs of London } Rural Districts } Parishes unknown } .....	... ... ...	971 1,773 63	6,291 3,226 1,863	13 ... 5	7,275 4,999 1,931	653 482 6	... ... ...	2·36 1·74 ...

From this table it would appear that the annual attendance at King's College Hospital, if measured by the number of distinct accidents and attacks of illness relieved, varies from upwards of 41 per cent. of the entire population in the parish of St. Mary, and upwards of 38 per cent. in the parish of St. Clement Danes down to 0.15 in the parish of Marylebone. To reduce these per-centage proportions to fractions more easily understood and appreciated:—the attendance at King's College Hospital, for one year, if measured by the number of distinct accidents or attacks of illness relieved, will be represented by about two-fifths of the population for St. Clement's and St. Mary's; one-fifth for St. Dunstan's; one-sixth for St. Giles'; one-seventh for the Liberty of the Rolls; one-tenth for St. Andrew Holborn, and St. Paul Covent Garden; one-thirteenth for St. Martin-in-the-Fields; one-fifteenth for St. Bride and Whitefriars; one-eighteenth for St. George Bloomsbury, and St. George the Martyr; one in twenty-two for St. Anne Soho; and about one per cent. for the city of London. For the remaining parishes and districts the proportion is less considerable.

The large amount of relief afforded to the inhabitants of the two parishes of St. Clement Danes and St. Mary-le-Strand, cannot but arrest the attention of the Society, especially when to the 6,068 cases treated in the year, there are added the inhabitants of the parish of St. Clement who contribute to make up the aggregate of patients seen or visited by the officers of the Public Dispensary in Carey Street. I have been favoured by Mr. Fullford, the resident medical officer of the dispensary, with the number of patients relieved by the charity during the year 1854. It is 4,497. I was also able to ascertain that 69 in 150 of these patients were inhabitants of St. Clement's. If this proportion held good for the whole number of patients, we should have 2,068 patients attending at the public dispensary from this one parish. Assuming this to be the case, the gratuitous relief afforded by these two charities would be represented by 8,136 cases per annum, or by a number exceeding half the population of the parish in 1851.

It will be observed that I have been speaking, hitherto, not of the number of persons attending the hospital, but of the number of accidents or attacks of illness treated at the hospital. In order to arrive at the number of *persons*, it will be necessary to make certain corrections in the foregoing table. With a view to obtain the means of making these corrections, I have, for some time past, ascertained, by inquiry of each new patient coming under my care, whether he, or she, had been previously under treatment, at the hospital, within the year. As the result of this inquiry, I find that out of 362 patients, 286 had never been at the hospital, or had not been there before for the space of a year, while 76 had been to the hospital (for the most part once only) in the same period. I also ascertained, what it may be interesting to state though not necessary for my present purpose, that of 276 patients, 138 attended for the first time; 66 for the second time; 31 for the third time; 13 for the fourth time; 5 for the fifth time; 4 for the sixth time; 3 for the seventh time; 3 for the eighth time; 1 for the ninth time; 1 for the tenth time; while 11 stated that they had

attended since the hospital had been in existence, upwards of ten times.

As I believe that the numbers 76 and 362 represent sufficiently closely the relation which the duplicate attendances within the year bear to the whole number of attendances, I propose to make use of the approximate fraction  $\frac{2}{9}$  as the correction required to make the figures in the foregoing table represent the number of persons availing themselves of the benefits of the charity in the course of the year 1854.

The results of this correction are seen in the following table, which, therefore, exhibits the *number of persons* relieved at King's College Hospital, with the proportion per cent. of the population of the several parishes and districts in the year 1851.

Name of Parish or District.	Population, 1851.	Patients in 1854.	Per-Centage Proportion to Population in 1851.
St. Clement Danes .....	15,662	4,720	30·14
St. Mary-le-Strand .....	2,517	817	32·46
St. Dunstan and Temple .....	3,173	526	16·58
St. Giles .....	37,407	4,727	12·64
Liberty of the Rolls .....	2,567	298	11·60
St. Andrew, Holborn .....	29,320	2,475	8·44
St. Paul, Covent Garden ....	5,310	484	8·33
St. Martin-in-the-Fields .....	24,640	1,500	6·10
St. Bride and Whitefriars ....	7,269	380	5·23
St. George, Bloomsbury, and St. George Martyr .....	25,570	1,131	4·42
St. Anne, Soho .....	17,335	599	3·45
City of London .....	55,932	444	0·79
Westminster .....	102,015	400	0·39
Southwark .....	106,930	336	0·31
Clerkenwell .....	64,778	363	0·56
Lambeth .....	139,325	686	0·50
St. Pancras .....	166,956	580	0·35
Marylebone .....	157,696	185	0·12
Environ of London .....	....	508	....
Rural Districts .....	....	375	....
Parishes unknown .....	....	6	....
		21,540	

It appears then that even when this necessary correction has been made, and the number of persons is thus substituted for the number of attendances, the proportion to the population of the persons who make application to the hospital, within the year, is very considerable. It is little less than one-third in the parishes of St. Clement and St. Mary-le-Strand; about one-sixth in St. Dunstan's; more than one-eighth in St. Giles'; upwards of one-ninth in the Liberty of the Rolls; more than one-twelfth in St. Andrew's, Holborn; about a twelfth in St. Paul's, Covent Garden; about one-sixteenth in St. Martin's; more than five per cent. in St. Bride and Whitefriars; nearly four and a half per cent. in St. George, Bloomsbury, and St. George the Martyr; nearly three and a half per cent. in St. Anne, Soho; about a half per cent. in

Clerkenwell and Lambeth; about three quarters per cent. in the city of London; about a third per cent. in Westminster, Southwark, and Lambeth; and a very small per centage in Marylebone. It is probable that these smaller proportions are all somewhat understated, as duplicate attendances within the year are likely to be less numerous, in proportion, in districts remote from the hospital than in the parishes bordering upon it. If in the case of St. Clement Danes, and St. Mary-le-Strand, we make even a moderate addition for patients visited at their own homes, or seen as out-patients at the public Dispensary in Carey Street, the attendance in these two parishes will certainly amount to one-third of their entire population.\* In other words, one person in every three inhabitants of the parish, in addition to the very large number treated in the workhouse or by the parish doctor, applies for gratuitous medical attendance every year. This is so surprising and startling a fact, that I should be disposed to doubt its being fact if I could distrust the means by which I have arrived at it. But, I believe, that the entries in our books are sufficiently exact to lead to a very close approximation to the truth; and I have myself taken steps to test the accuracy of the calculations made by the gentleman who has, for years past, made the annual abstracts from the hospital books. The suspicion has even crossed my mind, that the large number of patients entered as belonging to the parish of St. Clement Danes, might be accounted for by supposing a great proportion, if not all, of the blanks in the books to have been filled up with the name of this parish. This theory, however, falls to the ground before the fact that the entries under the contiguous parish of St. Mary-le-Strand are even larger in proportion to the population, and there is certainly no reason why persons belonging to unknown parishes, should be set down as belonging to this small parochial district. It will also be observed that the number of persons attending in proportion to the population in the several parishes and districts comprised in the table, bears such a ratio to their respective populations as their proximity to the hospital would lead us to anticipate. St. Dunstan and the Temple follow next in order to St. Clement's and St. Mary's; then St. Giles' and the Liberty of the Rolls; then the somewhat more remote parishes of St. Andrew Holborn, and St. Paul Covent Garden; then St. Martin-in-the-Fields (which, be it recollected, has a general hospital within its own limits), with St. Bride and Whitefriars; next in order we have the parishes of St. George Bloomsbury and St. George the Martyr, separated from the hospital by the busy thoroughfare of Holborn; and then St. Anne Soho. The city of London, Westminster, Southwark, Clerkenwell, Lambeth, and St. Pancras, though still more remote, and having, with the exception of Clerkenwell and Lambeth, general hospitals within their limits, all supply a notable though greatly inferior, proportion of patients.

I do not, therefore, think that there is any exaggeration in the

\* If we assume the proportion of the patients attending at the Public Dispensary from St. Clement's parish, twice in the course of the year, to be the same as in the case of the patients of King's College Hospital, the total number of *patients* attended by the two institutions will be 6,351, or more than two-fifths of the entire population in 1851.

statement that nearly a third of the whole population of the parishes of St. Clement Danes and St. Mary-le-Strand apply for medical relief to King's College Hospital every year.

So remarkable and unexpected a circumstance as this must of necessity excite our curiosity to know who and what are the persons who thus apply to this charity, and to similar charities, for relief. This brings me to the third division of my inquiry, namely—the class of persons who avail themselves of the benefits conferred by hospitals, and their circumstances at the time of application.

It must be self-evident, in the first place, that the great bulk of the applicants cannot be poor persons in the proper acceptation of that term. It is quite out of the question that in the heart of the metropolis of a wealthy nation, making provision by a system of Poor Laws for the destitute portion of its population, one-third or two-fifths of the inhabitants of one parish should be found in such a state of want as to be proper objects of gratuitous aid in sickness. Some considerable class of persons, other than the poor and destitute, must apply to these charities in very large numbers; and that class can be no other than the class of working men. Nor is this large attendance to be accounted for on any other supposition than that the whole body of working men, their wives and families, or at least a very considerable proportion of them, frequent our hospitals and dispensaries even when not driven to do so by want of employment, or previous exhaustion of their resources. The men who are out of work, with their wives and children, could not possibly supply so large a number of patients.

Though, for these reasons, there seemed to me no room to doubt that a very considerable proportion of the patients attending at our hospitals must be in work, I deemed it desirable to put this opinion to the test; and have, accordingly, for some time past, inquired of each adult male patient whether he was in work or out of work, and have noted down the results of my inquiry, setting down as out of work all who had been obliged to strike work even for a few days. I obtained as the result of this inquiry the following figures:—

In work, 230. Out of work, 105.\*

So that about two-thirds of the men who present themselves for gratuitous advice and relief at the hospital are in work at the time; and, if we assume that this proportion reigns among the husbands and fathers of the women and children, who apply for relief, we shall have a total of nearly 20,000 men in the receipt of wages, obtaining charitable aid in their own persons, or in the persons of their wives and children, at one hospital, in the course of a single year.

I have also made some inquiries as to the wages which the patients are in the habit of receiving. I have asked them what wages are esteemed good wages in their respective trades, and find the sums to vary from 12 and 14 shillings a week, up to 50 shillings; and in some few cases to 5*l.* or 6*l.* a week. It may be well to state the exact results of these inquiries.

\* I also ascertained that of 13 women presenting themselves as patients, 7 were in work, and 6 out of work; and that of single women and widows, 8 were in work, and 4 out of work.

Number of Men.	Wages. Shillings.	Number of Men.	Wages. Shillings.	Number of Men.	Wages. Shillings.
2	12	2	22	3	33
3	14	3	25	1	35
2	16	4	26	7	36
1	17	1	27	2	40
7	18	1	29	2	50
8	20	14	30	1	upwards of 50
3	21				

So that out of 67 men in work, of whom inquiry was made respecting their wages, 52, or more than five-sevenths followed occupations in which men fully employed may earn 20 shillings a week and upwards; 39, or more than half the number, 25 shillings a week and upwards; and 30, or little less than half, 30 shillings a week and upwards.

On the other hand, a few lads, and a few infirm men, and some men following irregular occupations, were receiving less than 12 shillings a week. Many single women and widows, it is well known, also earn small wages, and are habitually in circumstances to render them proper objects for charitable assistance. Again, some of the applicants to hospitals, though in the receipt of good wages, and not having had their resources drained away by severe diseases or chronic maladies, are not altogether improper objects of charity; for they may have parents or near relations to support, or they may have been out of work at some previous period, and not have had time to recruit their finances.

I am very far, then, from asserting that no man who is in work, and in the receipt of good wages, ought to present himself, or to send his wife and children, to an hospital or dispensary for relief; but, I infer, both from the large figures I have now adduced, and, from the experience of fourteen years as a physician to out-patients, backed by frequent inquiries addressed to persons making application for relief, that a very considerable proportion of our patients are not objects of charity in the sense of being in a state of distress and poverty, much less of destitution. I may also add that, in a large majority of instances, application is made to the hospital in the early stage of very trifling maladies, the patient not having applied to any medical man for advice.

Those benevolent persons, therefore, who have hitherto subscribed to the support of hospitals and dispensaries, on the supposition that they were providing for the relief of the poor and destitute, must be content to modify, perhaps to enlarge, their views. They must understand that they are subscribing, not merely for the relief of poor and destitute persons, but in order to provide the most skilful treatment and the best advice for the working population.

If this more enlarged view of the real function of hospitals should prove unwelcome to their supporters—if they would still desire to provide only for the poor, and for working men out of employment, and not for men in work, or in place, and in receipt of good wages, I would invite them to consider the difficulties which must always stand in the way of every attempt at limitation.



But, before I proceed to discuss this important question, I ought, perhaps, to remind the Society in general terms of the results to which my figures seem to have conducted me.

Making use of the facts collected in respect of one hospital, I think that I have succeeded in proving :—

1. That when an hospital is established in a poor and crowded district, with great facilities for the attendance of patients, and few or no obstacles to their admission, a very large and rapidly increasing number of persons apply for relief, and that that number amounts at length to a very considerable fraction of the whole population.

2. That of the persons so applying for relief, a very large proportion consists of men in work, and in the receipt of good wages; or of the wives and children of men in employment and well paid.

3. That after subtracting men who are out of work and men inadequately paid, and the wives and children of men so circumstanced; and further deducting those men who, though at the time in receipt of good wages, have been out of work for a season, and those, again, who habitually contribute to the support of their parents or near relations; there will still remain a very considerable body of artizans and working men who are not proper objects of charity, in the usual acceptation of the term, and who are in the habit of making application to hospitals, often for very trifling illnesses, and without having previously consulted any medical man. As there is nothing in the nature of things to prevent the statements embodied in these three propositions from being applied to all our hospitals and dispensaries, in a degree proportioned to the poverty and density of their surrounding populations on the one hand, and the more or less stringent nature of their rules of admission on the other, I shall submit to the consideration of the society these three questions, in which the managing bodies of all our hospitals and dispensaries are interested.

1. Are artizans and working men, as such, and without regard to their circumstances at the time of application, to be considered as proper objects for gratuitous medical relief?

2. If not, is it possible to frame any rules by which the necessitous members of the working class shall be admitted, and the non-necessitous excluded?

3. Is there any way in which the working classes may be made to contribute, in some fair proportion to their means, to the support of the charities which they use so largely?

1. In reference to the first question :—

Whether artizans and working men, as such, and irrespective of their circumstances, are to be considered as proper objects of gratuitous medical relief? I may observe that I have reason to believe that there is a very prevalent impression among the most liberal subscribers to charitable institutions, that working men, as working men, are proper objects for gratuitous relief at hospitals. Though I am not myself of this opinion, and believe it to be an unsound and mischievous doctrine, I have no hope of seeing it abandoned by any considerable portion of the charitable public; although the injustice it inflicts upon the members of the medical profession, (and on those druggists who confine themselves to pre-

paring medicines prescribed by qualified medical men) resident in the neighbourhood of our hospitals and dispensaries, is too obvious to admit of dispute.

2. Assuming this question to have been answered in the negative, the next inquiry which presents itself is, whether it is possible to frame any rules by which the necessitous artizan and working man may be admitted, and the non-necessitous excluded? A very little consideration will suffice to convince us of the difficulty, if not the impossibility, of framing any such rules. The admission of the one class, and the exclusion of the other, would have to be brought about by the agency of persons wanting in the necessary knowledge of the class with whom they have to deal, and too much occupied to be able to make the necessary inquiries. Such inquiries, if made at all, could not be undertaken at the hospital itself, either by the secretary or by the medical officers; and the mere outward appearance of the patients would afford but little assistance, for some of the poorest must be decently dressed, or they would sacrifice their chance of earning a living, while those who are best off habitually present themselves in their working dress, or even in rags. Beyond putting to the more respectable class of applicants the questions whether they are aware that the institution to which they make application is a charity, and whether they consider themselves to be proper objects of charity—questions very generally answered in the affirmative—little can be done. So that if discrimination is to be made anywhere, it must be through the agency of subscribers' letters.

I have already stated that when, previous to the opening of the new hospital, the influx of patients became so great as to cause serious inconvenience, an attempt was made to limit the numbers by requiring in every case a governor's or subscriber's letter of recommendation; but that experience of the inconvenience attending this plan, led to its abandonment. The fact is, that by rigidly requiring letters of recommendation in every case, we only add to the pecuniary obligation of the subscriber the harassing trouble of signing these letters of recommendation; and working men will find their way as naturally to the subscribers who are most easy in disposition, and most lax in their notions of what charity is and ought to be, as the mendicant does to the persons who are guilty of indiscriminate almsgiving. When the pressure on the subscribers, who live nearest to the hospital, and are most easy of access, at length becomes intolerable, they see no way to release themselves but by discontinuing their subscriptions. The attempt, therefore, to limit attendance, and exclude improper persons, by rigidly requiring letters of recommendation, does not succeed, and acts injuriously upon the charity.

It ought also to be borne in mind that the subscriber to an hospital or dispensary, often looks upon his subscription as the purchase money of an absolute and unqualified right to recommend to the charity, for what he considers to be "the best advice," any person whom he may be pleased to send. Add to this that too many medical men, by their own practice of giving gratuitous advice, and by their own exceptions in favor of particular classes of the community (as, for instance, the unbeneficed clergy), have largely contributed to create the opinion that society has a claim upon the

services of medical men, which it does not dream of asserting in the case of the members of any other profession whatever, and it will be seen how hopeless it is to attempt to check the abuses of our medical charities by means of those who contribute to their support.

On the other hand, it would be unreasonable to expect any sudden change in the opinions or habits of the working class. So long as the supporters of our medical charities believe that working men, as such, are proper objects of gratuitous aid in sickness; and so long as there are to be found among them men who maintain the extreme doctrine, that a subscription to an hospital confers an absolute right of recommendation, without regard to the circumstances of the persons recommended, it is scarcely to be expected that working men, seeing these opinions carried into actual practice at our hospitals and dispensaries, should think themselves in the wrong in freely resorting to them.

It ought also to be borne in mind that though the original object and use of hospitals and dispensaries was to provide relief for the poor and destitute, the rare opportunities of experience which they afford to their medical officers, has led them to be regarded as the places where the best advice is to be obtained; and it is but natural that working men feeling that, at the usual rate of remuneration, such advice is beyond their means, should apply to hospitals and dispensaries for it;—without expecting, perhaps, to obtain gratuitously the medicines which we have fallen into the habit of giving them as freely as the advice itself.

This consideration leads me to the third and last question:—is there any way in which the working classes may be made to contribute, in some fair proportion to their means, to the support of our hospitals? I answer, without hesitation, by levying a small payment for medicines. I say, *without hesitation*, because having submitted to the medical committee of the hospital with which I am connected, a proposal for charging the out-patients, on their second visit, the sum of one shilling for the medicine required during an entire illness, coupled with a plan for excepting the really poor, that proposal received the unanimous and cordial assent of a very full meeting, and has since been heartily approved by several persons practically acquainted with the habits, feelings, and resources of working men.

If this moderate payment were enforced, a very acceptable addition would be made to the funds of our medical charities, and the great and wealthy working class who are known to expend such a gigantic aggregate sum on the fruitful causes of disease, would contribute something to the support of the charitable institutions of which they are in the habit of making so frequent a use.

This contribution once obtained, the gentlemen who devote themselves, in so praiseworthy a manner, to the management of our great medical charities, might appeal with increased confidence to that comparatively small section of the public which now supports them by contributions almost beyond its means, under the conviction that hospitals are, of all charities, the least liable to abuse, and the most prolific of benefits, physical, moral, and religious, to every class of the community.

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